

B1 (Official Form 1)(04/13)

United States Bankruptcy Court District of Rhode Island		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Shakoori-Naminy, Masoud		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Mike Shakoori-Naminy; AKA Massoud Shakoori-Naminy; DBA President of Shakoori & Sons LLC; AKA Michael Shakoori-Naminy		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-1584		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1541 Ten Rod Rd. Exeter, RI <div style="text-align: right; font-size: small;">ZIP Code 02822-1910</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Washington		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO Box 763 Wyoming, RI <div style="text-align: right; font-size: small;">ZIP Code 02898-0763</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information *** Christopher M. Lefebvre R.I. Bar # 4019 *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Shakoori-Naminy, Masoud	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: Providence	Case Number: 13-12810	Date Filed: 10/29/13	
Location Where Filed: See Attachment	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X /s/ Christopher M. Lefebvre R.I. Bar # April 30, 2015 Signature of Attorney for Debtor(s) (Date) Christopher M. Lefebvre R.I. Bar # 4019	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Shakoori-Naminy, Masoud**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Masoud Shakoori-NaminySignature of Debtor **Masoud Shakoori-Naminy****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 30, 2015

Date

Signature of Attorney***X /s/ Christopher M. Lefebvre R.I. Bar #**

Signature of Attorney for Debtor(s)

Christopher M. Lefebvre R.I. Bar # 4019

Printed Name of Attorney for Debtor(s)

Law Offices of Claude Lefebvre

Firm Name

P.O. Box 479**Pawtucket, RI 02862**

Address

Email: **chris@lefebvreclaw.com****(401) 728-6060 Fax: (401) 728-6534**

Telephone Number

April 30, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

In re **Masoud Shakoori-Naminy**, Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Prior Bankruptcy Cases Filed Attachment

<u>Location Where Filed</u>	<u>Case Number</u>	<u>Date Filed</u>
Providence, RI	12-10057	01/08/12
Providence	08-11401	05/14/08

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Masoud Shakoori-Naminy
Masoud Shakoori-Naminy

Date: April 30, 2015

United States Bankruptcy Court
District of Rhode Island

In re **Masoud Shakoori-Naminy**,
 Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	250,000.00		
B - Personal Property	Yes	4	33,809.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		356,455.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		21,585.10	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		1,998,023.62	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,787.36
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,621.00
Total Number of Sheets of ALL Schedules		43			
Total Assets			283,809.00		
Total Liabilities				2,376,063.72	

United States Bankruptcy Court
District of Rhode Island

In re **Masoud Shakoori-Naminy**,
 Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
real estate located Location: 1541 Ten Rod Rd., Exeter RI 02822-1910		-	250,000.00	356,455.00

Sub-Total > **250,000.00** (Total of this page)Total > **250,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	-	10.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Washington Trust Bank checking account ending in 1120	-	1,100.00
		jt checking account at Citizens	J	149.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods Location: 1541 Ten Rod Rd., Exeter RI 02822-1910	J	7,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		miscellaneous books and pictures Location: 1541 Ten Rod Rd., Exeter RI 02822-1910	J	250.00
6. Wearing apparel.		Wearing Apparel Location: 1541 Ten Rod Rd., Exeter RI 02822-1910	-	500.00
7. Furs and jewelry.		miscellaneous jewelry Location: 1541 Ten Rod Rd., Exeter RI 02822-1910	-	100.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Farm Family Insurance (\$250,000)(no cash value)	-	0.00
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **9,609.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA Farm Family	-	1,300.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		income tax refunds for the years 2011, 2012, 2013, and 2014	-	10,000.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **11,300.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Izuzu Rodeo	-	100.00
		2002 Buick	-	800.00
		2005 F550 pick up truck	-	10,000.00
		2001 Harley Motorcycle	-	900.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		10 cords of woods	-	1,000.00

Sub-Total > **12,800.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		computer	-	100.00
		pending Worker's Compensation case. Attorney Thomas Ford represents the Debtor	-	unknown

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **100.00**
(Total of this page)
Total > **33,809.00**

(Report also on Summary of Schedules)

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
real estate located	11 U.S.C. § 522(d)(1)	0.00	250,000.00
Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			
<u>Cash on Hand</u>			
Cash on hand	11 U.S.C. § 522(d)(5)	10.00	10.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Washington Trust Bank checking account ending in 1120	11 U.S.C. § 522(d)(5)	1,100.00	1,100.00
jt checking account at Citizens	11 U.S.C. § 522(d)(5)	149.00	149.00
<u>Household Goods and Furnishings</u>			
Household goods	11 U.S.C. § 522(d)(3)	7,500.00	7,500.00
Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
miscellaneous books and pictures	11 U.S.C. § 522(d)(5)	250.00	250.00
Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			
<u>Wearing Apparel</u>			
Wearing Apparel	Wearing apparel 11 USC 522(d)(3)	500.00	500.00
Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			
<u>Furs and Jewelry</u>			
miscellaneous jewelry	11 U.S.C. § 522(d)(4)	100.00	100.00
Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			
<u>Interests in Insurance Policies</u>			
Term Life Farm Family Insurance (\$250,000)(no cash value)	11 U.S.C. § 522(d)(7)	0.00	0.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
IRA Farm Family	11 U.S.C. § 522(d)(10)(E)	1,300.00	1,300.00
<u>Other Liquidated Debts Owning Debtor Including Tax Refund</u>			
income tax refunds for the years 2011, 2012, 2013, and 2014	11 U.S.C. § 522(d)(5)	2,891.00	10,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2002 Buick	11 U.S.C. § 522(d)(2)	800.00	800.00
2005 F550 pick up truck	11 U.S.C. § 522(d)(2)	2,775.00	10,000.00
	11 U.S.C. § 522(d)(5)	7,225.00	

B6C (Official Form 6C) (4/13) -- Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
2001 Harley Motorcycle	11 U.S.C. § 522(d)(2)	100.00	900.00
Other Personal Property of Any Kind Not Already Listed			
10 cords of woods	11 U.S.C. § 522(d)(5)	1,000.00	1,000.00
computer	11 U.S.C. § 522(d)(5)	100.00	100.00
pending Worker's Compensation case. Attorney Thomas Ford represents the Debtor	11 U.S.C. § 522(d)(11)(D)	0.00	unknown

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 0177			7/1/2003					
Creditor #: 1 Ocwen Mortgage Co. PO Box 785057 Orlando, FL 32878-5057		-	first mortgage real estate located Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			X	320,760.00	70,760.00
			Value \$ 250,000.00					
Account No.			Representing: Ocwen Mortgage Co.				Notice Only	
			Value \$					
Account No.			3/2/2004					
Creditor #: 2 Ocwen Mortgage Co. PO Box 785057 Orlando, FL 32878-5057		-	second mortgage real estate located Location: 1541 Ten Rod Rd., Exeter RI 02822-1910			X	35,695.00	35,695.00
			Value \$ 250,000.00					
Account No.								
			Value \$					
Subtotal (Total of this page)							356,455.00	106,455.00
Total (Report on Summary of Schedules)							356,455.00	106,455.00

0 continuation sheets attached

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 4031-03-12/4031-03-11 Creditor #: 1 Exeter Tax Collector 675 Ten Rod Road Exeter, RI 02822	-		2011 and 2012 excise tax				1,573.96	0.00 1,573.96
Account No. Rossi Law Office, LTD 28 Thurber Blvd. Smithfield, RI 02917-1858			Representing: Exeter Tax Collector				Notice Only	
Account No. 0310-02-10/4025-06 07 Creditor #: 2 Exeter Tax Collector 675 Ten Rod Road Exeter, RI 02822	-		2007, 2010 excise tax and tangible tax				1,906.99	0.00 1,906.99
Account No. Rossi Law Offices, Ltd. 28 Thurber Boulevard Smithfield, RI 02917			Representing: Exeter Tax Collector				Notice Only	
Account No. 1584 Creditor #: 3 Internal Revenue Service Centralized Insolvency Oper PO Box 7346 Philadelphia, PA 19101-7346	-		income taxes				16,000.00	0.00 16,000.00
Subtotal (Total of this page)							19,480.95	0.00 19,480.95

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. 8324				2006/2007					
Creditor #: 4				business debt tangible property tax					0.00
Town of West Greenwich								2,104.15	2,104.15
280 Victory Highway									
West Greenwich, RI 02817									
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								2,104.15	2,104.15
Total									0.00
(Report on Summary of Schedules)								21,585.10	21,585.10

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9567 Creditor #: 1 Allianceone Receivables Inc. PO Box 3100 Southeastern, PA 19398	-	2010 credit card purchases				1,681.70
Account No. 8786 Creditor #: 2 American Ambulance Service Inc c/o Eastern Account System of Connecticut Inc PO Box 837 Newtown, CT 06470	-	2013 service				174.78
Account No. American Ambulance Service Inc One American Way Norwich, CT 06360-5634		Representing: American Ambulance Service Inc				Notice Only
Account No. 1472 Creditor #: 3 Aspen Dental 1000 Bald Hill Road Warwick, RI 02886	-	4/29/13 medical expenses				246.40
Subtotal (Total of this page)						2,102.88

25 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Advanced Collection Services 56 Whiting St 2A PO Box 626 Plainville, CT 06062		Representing: Aspen Dental				Notice Only
Account No.						
Computer Credit, Inc. Claim Dept 013930 640 W Fourth PO Box 5238 Winston Salem, NC 27113		Representing: Aspen Dental				Notice Only
Account No.						
Creditor #: 4 Atlantic Solutions, Ltd. 2417 East Main Rd. Portsmouth, RI 02871	-	2012 business debt				1,430.53
Account No.						
Creditor #: 5 Baccala Concrete Corporation 100 Armento Street Johnston, RI 02919	-	2009 business debt				9,924.25
Account No. 2455						
Creditor #: 6 Bank of America, N.A. PO Box 25118 Tampa, FL 33622-5118	-	2011 insufficient funds				121.28
Sheet no. <u>1</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,476.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
ER Solutions 800 SW 39th St. Renton, WA 98057		Representing: Bank of America, N.A.				Notice Only
Account No.						
Focus Receivables Management 1130 Northchase Parkway Suite 150 Marietta, GA 30067		Representing: Bank of America, N.A.				Notice Only
Account No. 2521		2006-2014 credit card purchases				
Creditor #: 7 Bankcard Services PO Box 4499 Beaverton, OR 97076-4499	-					2,665.79
Account No. 9554		9/28/07 credit card purchases				
Creditor #: 8 CACH LLC 370 17th Street Ste 5000 Denver, CO 80202	-					681.00
Account No.						
GE Money Bank PO Box 981127 El Paso, TX 79998-1127		Representing: CACH LLC				Notice Only
Sheet no. <u>2</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,346.79

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Portfolio Recovery Assoc 120 Corporate Blv. Ste 100 Norfolk, VA 23502		Representing: CACH LLC				Notice Only
Account No. 6370		2001-2006 credit card purchases				
Creditor #: 9 Cap One Bk PO Box 85520 Richmond, VA 23285	-					3,941.00
Account No.						
ONRAB103 PO Box 1022 Wixom, MI 48393-1022		Representing: Cap One Bk				Notice Only
Account No. 2960		2000-2006 credit card purchases				
Creditor #: 10 Cap One Bk PO Box 85520 Richmond, VA 23285	-					2,002.00
Account No.						
Allianceone Receivables Inc. PO Box 3100 Southeastern, PA 19398		Representing: Cap One Bk				Notice Only
Sheet no. <u>3</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,943.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439		Representing: Cap One Bk				Notice Only
Account No. 2024		2002-2006 credit card purchases				
Creditor #: 11 Cap One Bk PO Box 85520 Richmond, VA 23285	-					933.00
Account No.						
Alliance One PO Box 3111 Southeastern, PA 19398		Representing: Cap One Bk				Notice Only
Account No. 7941		credit card purchases				
Creditor #: 12 Capital Management Services 726 Exchange Street Suite 700 Buffalo, NY 14210	-					6,123.87
Account No. 9233		2006 credit card purchases				
Creditor #: 13 Capital One Bank N.A. c/o Portfolio Recovery Associa Dept 922 PO Box 4115 Concord, CA 94524	-					933.59
Sheet no. 4 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						7,990.46

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9227 Creditor #: 14 Capital One Services P. O. Box 85015 Richmond, VA 23285-5015	-	2006-present credit card purchases				3,941.63
Account No. Capital Management Services 698 1/2 South Ogden St. Buffalo, NY 14206-2317		Representing: Capital One Services				Notice Only
Account No. Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439		Representing: Capital One Services				Notice Only
Account No. 9268 Creditor #: 15 Capital One Services P. O. Box 85015 Richmond, VA 23285-5015	-	2006-present credit card purchases				2,002.35
Account No. Capital Management Services 698 1/2 South Ogden St. Buffalo, NY 14206-2317		Representing: Capital One Services				Notice Only
Sheet no. 5 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,943.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439			Representing: Capital One Services			Notice Only
Account No. 3163			2006-present credit card purchases			
Creditor #: 16 Capital One Services, LLC PO Box 30285 Salt Lake City, UT 84130-0285		-				3,241.29
Account No.						
Account Solutions Group, LLC 205 Bryant Woods South Amherst, NY 14228			Representing: Capital One Services, LLC			Notice Only
Account No.						
Capital Management Services 698 1/2 South Ogden St. Buffalo, NY 14206-2317			Representing: Capital One Services, LLC			Notice Only
Account No.						
Regional Adjustment Bureau 7000 Goodlett Farms Parkway Suite 501, PO Box 34111 Memphis, TN 38016			Representing: Capital One Services, LLC			Notice Only
Sheet no. <u>6</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,241.29

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7350 Creditor #: 17 Cardiology Associates of Norwich, LLC 79 Wawecus Street Norwich, CT 06360-2160	-	2011 medical services				69.67
Account No. American Adjustment Bureau Inc PO Box 150447 Hartford, CT 06115-0447		Representing: Cardiology Associates of				Notice Only
Account No. 8540 Creditor #: 18 Chase Card Services PO Box 15298 Wilmington, DE 19850	-	2005-present credit card purchases				15,000.89
Account No. Financial Asset Management Systems, Inc. PO Box 451409 Atlanta, GA 31145-9409		Representing: Chase Card Services				Notice Only
Account No. 4325 Creditor #: 19 East Greenwich Fire District c/o Comstar Ambulance Billing 8 Turcotte Memorial Drive Rowley, MA 01969	-	2014 emergency transport				1,420.85
Sheet no. <u>7</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						16,491.41

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
East Greenwich Fire District c/o Comstar Ambulance Billing 8 Turcotte Memorial Dr. Rowley, MA 01969		Representing: East Greenwich Fire District				Notice Only
Account No. 6623		12/11/13 medical services				
Creditor #: 20 East Providence Fire & Rescue c/o Rossi Law Offices, Ltd. 28 Thurber Blvd. Ste 1 Smithfield, RI 02917	-					1,341.00
Account No.						
City of East Providence PO Box 8879 Cranston, RI 02920		Representing: East Providence Fire & Rescue				Notice Only
Account No. 7701		medical services				
Creditor #: 21 Emerg Phys Assoc of NewEngland PO Box 740021 Cincinnati, OH 45274-0021	-					609.00
Account No.						
Akron Billing Center 3585 Ridge Park Dr. Akron, OH 44333-8203		Representing: Emerg Phys Assoc of NewEngland				Notice Only
Sheet no. <u>8</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,950.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
HRRG PO Box 459080 Sunrise, FL 33345		Representing: Emerg Phys Assoc of NewEngland				Notice Only
Account No. 1208		12/4/2013 medical services				
Creditor #: 22 Emp of Washington County, LLC c/o Escallate LLC 5200 Stoneham Rd. Ste 200 North Canton, OH 44720	-					526.08
Account No.		business debt				
Creditor #: 23 Environmental Planning and Surveying, Inc PO Box 248 West Kingston, RI 02892	-					80,000.00
Account No. 4900		2012 medical services				
Creditor #: 24 Eric M. George DMD Ltd. 121 Sandy Bottom Road Coventry, RI 02816	-					232.60
Account No. 0375		2009 collection				
Creditor #: 25 Farm Family Casualty Comm Vengroff Williams & Associates PO Box 4155 Sarasota, FL 34230-4155	-					827.10
Sheet no. 9 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						81,585.78

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5087 Creditor #: 26 First North American National Bank P. O. Box 83007 Baltimore, MD 21283		2006-2014 credit card purchases				10,523.05
Account No. Creditors Interchange 80 Holtz Drive Buffalo, NY 14225		Representing: First North American National				Notice Only
Account No. Firsel Law Group, Ltd PO Box 1599 Lombard, IL 60148		Representing: First North American National				Notice Only
Account No. Jefferson Capital Systems 16 McLeland Rd. Saint Cloud, MN 56303		Representing: First North American National				Notice Only
Account No. Midland Credit Management 5775 Roscoe Ct. San Diego, CA 92123		Representing: First North American National				Notice Only
Sheet no. 10 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,523.05

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
P&B Capital Group, LLC 369 Washington St Suite 100 Buffalo, NY 14203		Representing: First North American National				Notice Only
Account No. 9554		2010 credit card purchases				
Creditor #: 27 GE Money Bank Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541	-					675.79
Account No.						
GE Money Bank PO Box 981127 El Paso, TX 79998-1127		Representing: GE Money Bank				Notice Only
Account No.						
Portfolio Recovery Assoc 120 Corporate Blv. Norfolk, VA 23502		Representing: GE Money Bank				Notice Only
Account No. 1126		2006 civil suit filed. Debtor disputes this claim.				
Creditor #: 28 Hallinan Capital Corporation Law Offices Of Michael Kelly 128 Dorrance Street, Suite 300 Providence, RI 02903	-				X	1,200,000.00
Sheet no. <u>11</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,200,675.79

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Charles D. Wick, Esq. 1050 Main St. Ste. 23 East Greenwich, RI 02818		Representing: Hallinan Capital Corporation				Notice Only
Account No. V806		2005 Judgment for civil claim				
Creditor #: 29 Heritage Concrete Corp. 535 S County Trail Exeter, RI 02822	-					4,045.00
Account No. 5555		4/22/04-2/05/2006 credit card purchases				
Creditor #: 30 HSBC PO Box 5253 Carol Stream, IL 60197	-					1,034.67
Account No.						
Atlantic Credit & Finance, Inc PO Box 13386 Roanoke, VA 24033		Representing: HSBC				Notice Only
Account No.						
Midland Credit PO Box 60578 Los Angeles, CA 90060		Representing: HSBC				Notice Only
Sheet no. 12 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,079.67

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Midland Credit Management, Inc 8875 Aero Drive Suite 200 San Diego, CA 92123		Representing: HSBC				Notice Only
Account No. 9278		4/30/09 credit card purchases				
Creditor #: 31 HSBC c/o Midland Credit Mgmt 8875 Aero Dr. San Diego, CA 92123	-					950.00
Account No. 9634		2006 credit card purchases				
Creditor #: 32 HSBC Card Services PO Box 80084 Salinas, CA 93912	-					2,930.67
Account No.						
Commonwealth Financial Systems 245 Main Street Dickson City, PA 18519		Representing: HSBC Card Services				Notice Only
Account No.						
Convergent Outsourcing 800 SW 39th Street Renton, WA 98057		Representing: HSBC Card Services				Notice Only
Sheet no. 13 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,880.67

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8886 Creditor #: 33 HSBC Card Services/Worldwide Asset Purchasing II, LLC PO Box 17051 Baltimore, MD 21297	-	2006-present credit card purchases				2,574.30
Account No. Capital Management Services 698 1/2 South Ogden St. Buffalo, NY 14206-2317		Representing: HSBC Card Services/Worldwide				Notice Only
Account No. Sentry Credit, Inc. 2809 Grand Avenue Everett, WA 98201		Representing: HSBC Card Services/Worldwide				Notice Only
Account No. 55-41 Creditor #: 34 JC Penney GE Money Bank ATN Bankruptcy D PO Box 103104 Roswell, GA 30076	-	2006 credit card purchases				397.46
Account No. 1623 Creditor #: 35 Kent County Memorial Hospital 455 Toll Gate Rd. Warwick, RI 02886	-	6/6/2009 medical service				2,497.18
Sheet no. 14 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,468.94

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Rossi Law Office, LTD 28 Thurber Blvd. Smithfield, RI 02917-1858		Representing: Kent County Memorial Hospital				Notice Only
Account No. 1162		8/2/2013 property damage car accident				
Creditor #: 36 Lawrence O Grey, by Geico, subrogee c/o Chaplin & Gonet Coll 5211 W Broad St Ste 100 Richmond, VA 23230	-					1,323.84
Account No. 2401		2009-2011 medical services				
Creditor #: 37 Med1 X Ray Medical Imaging c/o Gragil Assoc. 200 Ledgewood Place Rockland, MA 02370-1068	-					229.48
Account No. 4401		7/1/2009-5/1/2011 medical services				
Creditor #: 38 Med1 X Ray Medical Imaging c/o Gragil Assoc 200 Ledgewood Place Rockland, MA 02370-1068	-					50.00
Account No. 5004		2011 utility				
Creditor #: 39 National Grid Bankruptcy Dept PO Box 960 Northborough, MA 01532	-					373.27
Sheet no. 15 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,976.59

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5059 Creditor #: 40 Nationalgrid PO Box 11739 Newark, NJ 07101-4739	-	2014-2015 electric bill				8,714.12
Account No. 0547 Creditor #: 41 North Stonington Medical Walk In 82 Norwich Westerly Rd. #3 North Stonington, CT 06359	-	2012 medical services				190.00
Account No. 1016 Creditor #: 42 Patriot Disposal Co. 2208 Plainfield Pike Johnston, RI 02919	-	2011 utility				6,573.68
Account No. Gelfuso & Lachut, Inc. 1193 Reservoir Ave. Cranston, RI 02920		Representing: Patriot Disposal Co.				Notice Only
Account No. 5912 Creditor #: 43 Patriot Disposal Co. 2208 Plainfield Pike Johnston, RI 02919	-	2010 disposal				1,465.38
Sheet no. 16 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 16,943.18

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 7401		-	2011 disposal				2,271.78
Creditor #: 44 Patriot Disposal Co. 2208 Plainfield Pike Johnston, RI 02919							
Account No. 1756		-	2011 business debt				1,448.78
Creditor #: 45 Patriot Disposal Co. 2208 Plainfield Pike Johnston, RI 02919							
Account No. 1820		-	2011 business debt				772.18
Creditor #: 46 Patriot Disposal Co. 2208 Plainfield Pike Johnston, RI 02919							
Account No. 1016		-	2011 business debt				6,659.59
Creditor #: 47 Patriot Oil Co. Inc. PO Box 215 West Warwick, RI 02893							
Account No. 1584/1791/1792		-	2008 foreclosed property Ten Rod Road, Exeter, RI				unknown
Creditor #: 48 Raymond C. Green Inc. 111 Huntington Ave, Suite 600 Boston, MA 02199							
Sheet no. 17 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							11,152.33

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 155M Creditor #: 49 Revens Revens and St. Pierre 946 Centerville Rd. Warwick, RI 02886	-	2011-2014 professional services rendered				1,825.55
Account No. 1113 Creditor #: 50 Rhode Island Medical Imaging PO Box 14717 East Providence, RI 02914	-	12/11/13 medical services				35.00
Account No. Rossi Law Office, LTD 28 Thurber Blvd. Smithfield, RI 02917-1858		Representing: Rhode Island Medical Imaging				Notice Only
Account No. 7555 Creditor #: 51 Silver Spring Healthcare PO Box 9137 Brookline, MA 02446	-	2014 healthcare				248.00
Account No. AdvantEdge 9 Northeastern Blvd. Suite 400 Salem, NH 03079		Representing: Silver Spring Healthcare				Notice Only
Sheet no. <u>18</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,108.55

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Silver Spring Healthcare d/b/a South County Medical Group, PO Box 347715 Pittsburgh, PA 15251		Representing: Silver Spring Healthcare				Notice Only
Account No. 4747		6/1/2012 medical services				
Creditor #: 52 South County Hospital Healthcare System 85 Prescott St. Ste 402 Worcester, MA 01605	-					1,919.38
Account No.						
MB ROI 85 Prescott St. Suite 402 Worcester, MA 01605		Representing: South County Hospital				Notice Only
Account No. 9299		12/7/2013 medical services				
Creditor #: 53 South County Hospital Healthcare System 85 Prescott St. Suite 402 Worcester, MA 01605	-					1,732.06
Account No.						
MB/ROI 85 Prescott St. Suite 402 Worcester, MA 01605		Representing: South County Hospital				Notice Only
Sheet no. 19 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,651.44

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0343 Creditor #: 54 South County Hospital ER c/o Gragil Associates, Inc. 29 Winter Street Pembroke, MA 02359	-	1/16/2009 medical services				229.48
Account No. 3211 Creditor #: 55 Sprint PO Box 105243 Atlanta, GA 30348-5243	-	2010 utility				186.67
Account No. Diversified Consultants, Inc. PO Box 551268 Jacksonville, FL 32255		Representing: Sprint				Notice Only
Account No. North Shore Agency, Inc. 270 Spagnoli Rd. Suite 111 Melville, NY 11747		Representing: Sprint				Notice Only
Account No. Receivables Performance 20816 44th Ave. W Lynnwood, WA 98036		Representing: Sprint				Notice Only
Sheet no. 20 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 416.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Source Receivables Management 3859 Battleground Ave. Suite 303 Greensboro, NC 27410		Representing: Sprint				Notice Only
Account No. 9567		2001-2006 credit card purchases				
Creditor #: 56 SST/CigPfi Corp. 4315 Pickett Road Saint Joseph, MO 64503	-					1,682.00
Account No.						
Alliance One Receivables Manag 4850 Street Rd. Suite 300 Trevose, PA 19053		Representing: SST/CigPfi Corp.				Notice Only
Account No.						
NCO Financial Systems Inc. 507 Prudential Rd. Horsham, PA 19044		Representing: SST/CigPfi Corp.				Notice Only
Account No. 0575		2006 business debt/judgment lawsuit				
Creditor #: 57 Stephen Mottau c/o Samuel C. Bazar, Esq. 35 Highland Ave. East Providence, RI 02914	-					582,105.36
Sheet no. 21 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						583,787.36

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 370 Creditor #: 58 The Fireplace LLC 245 Quaker Lane West Warwick, RI 02893	-	2009 collection				1,908.14
Account No. Judy B. Assad, Esq. 100 Jefferson Boulevard Suite 225 Warwick, RI 02888		Representing: The Fireplace LLC				Notice Only
Account No. 1111 Creditor #: 59 The William W. Backus Hospital 85 Prescott St. Suite 402 Worcester, MA 01605	-	9/24/2011 medical services				805.33
Account No. 0001 Creditor #: 60 Verizon Wireless PO Box 3397 Bloomington, IL 61702	-	2011 utilities				503.88
Account No. 1668 Creditor #: 61 Washington Mutual Bank P. O. Box 47524 San Antonio, TX 78265-7524	-	2006 credit card purchases				8,419.55
Sheet no. 22 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 11,636.90

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.							
Arrow Financial Services 5996 W. Touhy Ave Niles, IL 60714			Representing: Washington Mutual Bank				Notice Only
Account No.							
Capital Management Services 726 Exchange Street Suite 700 Buffalo, NY 14210			Representing: Washington Mutual Bank				Notice Only
Account No.							
Financial Recovery Services PO Box 385908 Minneapolis, MN 55438-5908			Representing: Washington Mutual Bank				Notice Only
Account No.							
Frontline Asset Strategies LLC 1935 West County Rd B2 Suite 425 Roseville, MN 55113-2797			Representing: Washington Mutual Bank				Notice Only
Account No.							
J.C. Christensen & Associates PO Box 519 Sauk Rapids, MN 56379-0519			Representing: Washington Mutual Bank				Notice Only
Sheet no. 23 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
LVNV Funding LLC PO Box 10584 Greenville, SC 29603		Representing: Washington Mutual Bank				Notice Only
Account No.						
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439		Representing: Washington Mutual Bank				Notice Only
Account No.						
United Recovery Systems LP 5800 North Course Drive Houston, TX 77072		Representing: Washington Mutual Bank				Notice Only
Account No. 0116		medical services				
Creditor #: 62 Xra Medical Imaging c/o Emerald AR Systems, LLC PO Box 843161 Los Angeles, CA 90084-3161	-					310.00
Account No. 4747		medical services				
Creditor #: 63 XRA Medical Imaging 65 Sockanosset Crossroads Cranston, RI 02920	-					31.35
Sheet no. 24 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						341.35

B6F (Official Form 6F) (12/07) - Cont.

In re Masoud Shakoori-Naminy, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Emerald AR Systems 1850 N Central Avenue Ste 1010 Phoenix, AZ 85004-4527		Representing: XRA Medical Imaging				Notice Only
Account No. 1257		2013 medical services				
Creditor #: 64 XRA Medical Imaging 65 Sockanosset Crossroad Cranston, RI 02920	-					310.00
Account No.						
Account No.						
Account No.						
Sheet no. <u>25</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						310.00
						Total (Report on Summary of Schedules)
						1,998,023.62

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

B6H (Official Form 6H) (12/07)

In re **Masoud Shakoori-Naminy**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Masoud Shakoori-Naminy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM/DD/YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
- ☒ Not employed

Occupation

Employer's name

Employer's address

Receiving Worker's Compensation

- ☒ Employed
- ☐ Not employed

Compliance Representative

RI Lottery

100 Twin River Road
Lincoln, RI 02865

How long employed there?

2 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 4,631.84
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 4,631.84

Debtor 1 **Masoud Shakoory-Naminy**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 4,631.84
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 762.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 173.70
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: 401A	5h.+ \$ 0.00	+ \$ 231.60
Health Ins Pretax	\$ 0.00	\$ 245.40
Group Life	\$ 0.00	\$ 12.46
Group Life-Pretax	\$ 0.00	\$ 19.80
AFLAC Pre Tax	\$ 0.00	\$ 91.65
AFLAC After Tax	\$ 0.00	\$ 114.40
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 1,651.01
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 2,980.83
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Worker's Compensation Benefits	8h.+ \$ 2,806.53	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,806.53	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,806.53 + \$ 2,980.83 = \$ 5,787.36	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 5,787.36 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Masoud Shakoory-Naminy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

daughter

20 years

☐ No

☒ Yes

son

22 years

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,360.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 375.00

Debtor 1 **Masoud Shakoori-Naminy**

Case number (if known)

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	<u>1,600.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>0.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>

7. Food and housekeeping supplies

7. \$ 1,000.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 0.00

10. Personal care products and services

10. \$ 0.00

11. Medical and dental expenses

11. \$ 50.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 600.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 150.00

15d. Other insurance. Specify: son's car insurance 15d. \$ 371.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: wife's car loan 17c. \$ 390.00

17d. Other. Specify: wife's car insurance 17d. \$ 200.00

wife's gasoline \$ 300.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: haircuts, cosmetics, personal items

21. +\$ 50.00

gifts, holidays, birthdays +\$ 100.00

car repairs, maintenance, registration +\$ 75.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 6,621.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,787.36

23b. Copy your monthly expenses from line 22 above. 23b. -\$ 6,621.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ -833.64

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **45** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **April 30, 2015**

Signature **/s/ Masoud Shakoori-Naminy**
Masoud Shakoori-Naminy
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$18,400.86	January 2015 to present (Debtor's spouse wages)
\$46,599.00	2014 income (Debtor's spouse wages)
\$23,301.79	2013 income (Debtor's wages)
\$3,200.00	2013 (Debtor's business income)
\$46,239.54	2013 income (Debtor's spouse wages)

B7 (Official Form 7) (04/13)

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2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$11,010.22	January 2015 to present (Debtor's Worker's Compensation)
\$33,678.32	2014 income (Debtor's Worker's Compensation)
\$1,295.32	2013 income (Debtor's Worker's Compensation)

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Masoud Shakoori Naminy vs. Drivers Management LLC		Workers Compensation Court 1 Dorrance Street Providence, RI	pending

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Lawrence O Grey, by GEICO, subrogee, vs. Masoud Shakoori Claim #0276858610101162	Complaint	Virginia Fairfax County General District Court 4110 Chain Bridge Rd. Fairfax, VA 22030	pending
Hallinan Capital Corp. vs. Masoud Shakoori KC-10-1126	Complaint	Kent County Superior Court 222 Quaker Lane Warwick, RI 02886	pending
The Fireplace, LLC vs. Masoud Shakoori, Alias SC No. 6SC-2011-2898	Complaint	Sixth Division District Court One Dorrance Plaza Providence, RI 02903	pending
Stephen E. Mottau vs Masoud Naminy Shakoori PC09-0575	Complaint	Superior Court 250 Benefit Street Providence, RI 02903	pending

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	-----------------------	-----------------------------------

None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
\$6000.00 in gambling losses at Mohegan & Sun Casino		within the last year

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Offices of Claude Lefebvre P.O. Box 479 Pawtucket, RI 02862		\$2,000.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Masoud Shakoori-Naminy	1584	1541 Ten Rod Rd. Exeter, RI 02822	firewood sales	2010-present
Shakoori & Son LLC	1584	1541 Ten Rod Road Exeter, RI 02822	Home Builder/Construction	2001-2011

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None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Masoud Shakoori-Naminy
1541 Ten Rod Rd.
Exeter, RI 02822

DATES SERVICES RENDERED
2001-2011

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME
Masoud Shakoori-Naminy

ADDRESS
1541 Ten Rod Road
Exeter, RI 02822

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

B7 (Official Form 7) (04/13)

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21 . Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Shakoori & Sons LLC 1541 Ten Rod Road Exeter, RI 02822	Director	6/19/2007

23 . Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	--------------------------------	--

24. Tax Consolidation Group.

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

B7 (Official Form 7) (04/13)

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 30, 2015

Signature /s/ Masoud Shakoori-Naminy
Masoud Shakoori-Naminy
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Ocwen Mortgage Co.	Describe Property Securing Debt: real estate located Location: 1541 Ten Rod Rd., Exeter RI 02822-1910
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Debtor will retain collateral and continue to make regular payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Ocwen Mortgage Co.	Describe Property Securing Debt: real estate located Location: 1541 Ten Rod Rd., Exeter RI 02822-1910
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Debtor will retain collateral and continue to make regular payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **April 30, 2015**

Signature **/s/ Masoud Shakoory-Naminy**
Masoud Shakoory-Naminy
Debtor

United States Bankruptcy Court
District of Rhode Island

In re Masoud Shakoori-Naminy

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,000.00</u>
Prior to the filing of this statement I have received	\$	<u>2,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Review of reaffirmation agreements that are prepared by creditors.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions under Sections 523 or 727 of the bankruptcy code, judicial lien avoidances, defense of relief from stay actions or any other adversary proceeding commenced by the trustee or office of the united states trustee. This fee does not include representation in any post bankruptcy audit.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: April 30, 2015

/s/ Christopher M. Lefebvre R.I. Bar #
Christopher M. Lefebvre R.I. Bar # 4019
Law Offices of Claude Lefebvre
P.O. Box 479
Pawtucket, RI 02862
(401) 728-6060 Fax: (401) 728-6534
chris@lefebvrellaw.com

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF RHODE ISLAND
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No. _____

Chapter **7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Masoud Shakoori-Naminy

Printed Name(s) of Debtor(s)

X **/s/ Masoud Shakoori-Naminy**

Signature of Debtor

April 30, 2015

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
District of Rhode Island**

In re **Masoud Shakoori-Naminy**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **April 30, 2015**

/s/ Masoud Shakoori-Naminy

Masoud Shakoori-Naminy

Signature of Debtor

Advanced Collection Services Aspen Dental Capital One Bank N.A.
56 Whiting St 2A 1000 Bald Hill Road c/o Portfolio Recovery As
PO Box 626 Warwick RI 02886 Dept 922 PO Box 4115
Plainville CT 06062 Concord CA 94524

AdvantEdge Atlantic Credit & Finance, Inc Capital One Services
9 Northeastern Blvd. PO Box 13386 P. O. Box 85015
Suite 400 Roanoke VA 24033 Richmond VA 23285-5015
Salem NH 03079

Akron Billing Center Atlantic Solutions, Ltd. Capital One Services, LL
3585 Ridge Park Dr. 2417 East Main Rd. PO Box 30285
Akron OH 44333-8203 Portsmouth RI 02871 Salt Lake City UT 84130-

Alliance One Baccala Concrete Corporation Cardiology Associates of
PO Box 3111 100 Armento Street Norwich, LLC
Southeastern PA 19398 Johnston RI 02919 79 Wawecus Street
Norwich CT 06360-2160

Alliance One Receivables Manag Bank of America, N.A.
4850 Street Rd. Suite 300 PO Box 25118 Charles D. Wick, Esq.
Trevose PA 19053 Tampa FL 33622-5118 1050 Main St. Ste. 23
East Greenwich RI 02818

Allianceone Receivables Inc. Bankcard Services Chase Card Services
PO Box 3100 PO Box 4499 PO Box 15298
Southeastern PA 19398 Beaverton OR 97076-4499 Wilmington DE 19850

American Adjustment Bureau Inc CACH LLC City of East Providence
PO Box 150447 370 17th Street Ste 5000 PO Box 8879
Hartford CT 06115-0447 Denver CO 80202 Cranston RI 02920

American Ambulance Service Inc Cap One Bk Commonwealth Financial S
c/o Eastern Account System of PO Box 85520 245 Main Street
Connecticut Inc PO Box 837 Richmond VA 23285 Dickson City PA 18519
Newtown CT 06470

American Ambulance Service Inc Capital Management Services Computer Credit, Inc.
One American Way 726 Exchange Street Claim Dept 013930 640 W F
Norwich CT 06360-5634 Suite 700 PO Box 5238
Buffalo NY 14210 Winston Salem NC 27113

Case 1:15-bk-10897	Doc 1	Filed 04/30/15	Entered 04/30/15	15:42:43	Desc Main
Convergent LLC 800 SW 39th Street Renton WA 98057	8000 Document	8000 Document	8000 Document	8000 Document	Portfolio Recovery Assoc PO Box 12914 Norfolk VA 23541
Creditors Interchange 80 Holtz Drive Buffalo NY 14225	Eric M. George DMD Ltd. 121 Sandy Bottom Road Coventry RI 02816				GE Money Bank PO Box 981127 El Paso TX 79998-1127
Diversified Consultants, Inc. PO Box 551268 Jacksonville FL 32255	Exeter Tax Collector 675 Ten Rod Road Exeter RI 02822				Gelfuso & Lachut, Inc. 1193 Reservoir Ave. Cranston RI 02920
East Greenwich Fire District c/o Comstar Ambulance Billing 8 Turcotte Memorial Drive Rowley MA 01969	Farm Family Casualty Comm Vengroff Williams & Associates PO Box 4155 Sarasota FL 34230-4155				Hallinan Capital Corpora Law Offices Of Michael Ke 128 Dorrance Street, Suite 3 Providence RI 02903
East Greenwich Fire District c/o Comstar Ambulance Billing 8 Turcotte Memorial Dr. Rowley MA 01969	Financial Asset Management Systems, Inc. PO Box 451409 Atlanta GA 31145-9409				Heritage Concrete Corp. 535 S County Trail Exeter RI 02822
East Providence Fire & Rescue c/o Rossi Law Offices, Ltd. 28 Thurber Blvd. Ste 1 Smithfield RI 02917	Financial Recovery Services PO Box 385908 Minneapolis MN 55438-5908				HRRG PO Box 459080 Sunrise FL 33345
Emerald AR Systems 1850 N Central Avenue Ste 1010 Phoenix AZ 85004-4527	Firsell Law Group, Ltd PO Box 1599 Lombard IL 60148				HSBC PO Box 5253 Carol Stream IL 60197
Emerg Phys Assoc of New England PO Box 740021 Cincinnati OH 45274-0021	First North American National Bank P. O. Box 83007 Baltimore MD 21283				HSBC c/o Midland Credit Mgmt 8875 Aero Dr. San Diego CA 92123
Emp of Washington County, LLC c/o Escallate LLC 5200 Stoneham Rd. Ste 200 North Canton OH 44720	Focus Receivables Management 1130 Northchase Parkway Suite 150 Marietta GA 30067				HSBC Card Services PO Box 80084 Salinas CA 93912
Environmental Planning and Surveying, Inc PO Box 248 West Kingston RI 02892	Frontline Asset Strategies LLC 1935 West County Rd B2 Suite 425 Roseville MN 55113-2797				HSBC Card Services/World Asset Purchasing II, LLC PO Box 17051 Baltimore MD 21297

Internal Case 1:15-bk-10897- Doc 1	MB Filed 04/30/15 Entered 04/30/15 15:42:43 Desc Main	MedicalW
Centralized Insolvency Oper	8 Document Page 71 of 74	In
PO Box 7346	Worcester MA 01605	82 Norwich Westerly Rd. #
Philadelphia PA 19101-7346		North Stonington CT 0635

J.C. Christensen & Associates	Medl X Ray Medical Imaging	Northland Group Inc.
PO Box 519	c/o Gragil Assoc.	P.O. Box 390846
Sauk Rapids MN 56379-0519	200 Ledgewood Place	Minneapolis MN 55439
	Rockland MA 02370-1068	

JC Penney	Medl X Ray Medical Imaging	Ocwen Mortgage Co.
GE Money Bank ATN Bankruptcy Dc/o Gragil Assoc		PO Box 785057
PO Box 103104	200 Ledgewood Place	Orlando FL 32878-5057
Roswell GA 30076	Rockland MA 02370-1068	

Jefferson Capital Systems	Midland Credit	ONRAB103
16 McLeland Rd.	PO Box 60578	PO Box 1022
Saint Cloud MN 56303	Los Angeles CA 90060	Wixom MI 48393-1022

Judy B. Assad, Esq.	Midland Credit Management	P&B Capital Group, LLC
100 Jefferson Boulevard	5775 Roscoe Ct.	369 Washington St Suite 1
Suite 225	San Diego CA 92123	Buffalo NY 14203
Warwick RI 02888		

Kent County Memorial Hospital	Midland Credit Management, Inc	Patriot Disposal Co.
455 Toll Gate Rd.	8875 Aero Drive	2208 Plainfield Pike
Warwick RI 02886	Suite 200	Johnston RI 02919
	San Diego CA 92123	

Korde & Associates, P.C.	National Grid	Patriot Oil Co. Inc.
321 Billerica Rd. Suite 210	Bankruptcy Dept	PO Box 215
Chelmsford MA 01824	PO Box 960	West Warwick RI 02893
	Northborough MA 01532	

Lawrence O Grey, by Geico,	Nationalgrid	Portfolio Recovery Assoc
subrogee c/o Chaplin & Gonet	PO Box 11739	120 Corporate Blv. Ste 10
Coll 5211 W Broad St Ste 100	Newark NJ 07101-4739	Norfolk VA 23502
Richmond VA 23230		

LVNV Funding LLC	NCO Financial Systems Inc.	Portfolio Recovery Assoc
PO Box 10584	507 Prudential Rd.	120 Corporate Blv.
Greenville SC 29603	Horsham PA 19044	Norfolk VA 23502

MB ROI	North Shore Agency, Inc.	Raymond C. Green Inc.
85 Prescott St. Suite 402	270 Spagnoli Rd.	111 Huntington Ave, Suite 6
Worcester MA 01605	Suite 111	Boston MA 02199
	Melville NY 11747	

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Receivables Management 20816 44th Ave. W Lynnwood WA 98036	South County Hospital Healthcare System 85 Prescott St. Ste 402 Worcester MA 01605	Dee Ann Dese PO Box 3397 Bloomington IL 61702
Regional Adjustment Bureau 7000 Goodlett Farms Parkway Suite 501, PO Box 34111 Memphis TN 38016	South County Hospital Healthcare System 85 Prescott St. Suite 402 Worcester MA 01605	Washington Mutual Bank P. O. Box 47524 San Antonio TX 78265-752
Revens Revens and St. Pierre 946 Centerville Rd. Warwick RI 02886	South County Hospital ER c/o Gragil Associates, Inc. 29 Winter Street Pembroke MA 02359	Xra Medical Imaging c/o Emerald AR Systems, L PO Box 843161 Los Angeles CA 90084-316
Rhode Island Medical Imaging PO Box 14717 East Providence RI 02914	Sprint PO Box 105243 Atlanta GA 30348-5243	XRA Medical Imaging 65 Sockanosset Crossroad Cranston RI 02920
Rossi Law Office, LTD 28 Thurber Blvd. Smithfield RI 02917-1858	SST/CigPfi Corp. 4315 Pickett Road Saint Joseph MO 64503	XRA Medical Imaging 65 Sockanosset Crossroad Cranston RI 02920
Rossi Law Offices, Ltd. 28 Thurber Boulevard Smithfield RI 02917	Stephen Mottau c/o Samuel C. Bazar, Esq. 35 Highland Ave. East Providence RI 02914	
Sentry Credit, Inc. 2809 Grand Avenue Everett WA 98201	The Fireplace LLC 245 Quaker Lane West Warwick RI 02893	
Silver Spring Healthcare PO Box 9137 Brookline MA 02446	The William W. Backus Hospital 85 Prescott St. Suite 402 Worcester MA 01605	
Silver Spring Healthcare d/b/a South County Medical Group, PO Box 347715 Pittsburgh PA 15251	Town of West Greenwich 280 Victory Highway West Greenwich RI 02817	
Source Receivables Management 3859 Battleground Ave. Suite 303 Greensboro NC 27410	United Recovery Systems LP 5800 North Course Drive Houston TX 77072	

Fill in this information to identify your case:

Debtor 1 Masoud Shakoori-Naminy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Rhode Island

Case number _____
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☒ Married and your spouse is NOT filing with you. You and your spouse are:

☒ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 **Masoud Shakoori-Naminy**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ <u>0.00</u>	\$ <u>0.00</u>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ <u>0.00</u>	
For your spouse	\$ <u>0.00</u>	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ <u>0.00</u>	\$ <u>0.00</u>
10b.	\$ <u>0.00</u>	\$ <u>0.00</u>
10c. Total amounts from separate pages, if any.	+ \$ <u>0.00</u>	\$ <u>0.00</u>
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>0.00</u>	+ \$ <u>0.00</u> = \$ <u>0.00</u>
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** 12a. \$ 0.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ 0.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. RI

Fill in the number of people in your household. 4

Fill in the median family income for your state and size of household. 13. \$ 89,823.00

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Masoud Shakoori-Naminy

Masoud Shakoori-Naminy

Signature of Debtor 1

Date **April 30, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.